Montana Immunization Program

SUMMER 2014

(406) 444-5580

http://www.dphhs.mt.gov/publichealth/immunization/

IN THIS ISSUE

Quick Notes

Check for New Announcements with Each imMTrax Login!

The IZ Program will be routinely updating the Announcement section of your imMTrax home page with imMTrax and VFC alerts, news, helpful hints, and other pertinent issues.

Thanks for Your Input!

We truly appreciate everyone who contributed their input to the 2014 imMTrax Training Survey earlier this year! We gained valuable insight through your responses, and hope to use this information to continue to make comprehensive and user-friendly training applications for all our imMTrax users throughout Montana.

While we collected data on several imMTrax functions, user availability and communication— two areas were identified as needing more immediate attention: **Reminder/Recall Functions** and **Documentation of Contraindications, Refusals, etc** (imMTrax's Comments Section).

* You can access a PowerPoint covering Reminder/Recall Functions available now on our website: http://www.dphhs.mt.gov/immtrax/documents/ReminderRecallTraining.pdf.
* The July imMTrax User Call will be covering Documentation in the Comments Section. For WebEx login information, check your imMTrax homepage under *Upcoming Events* or contact Michelle Funchess at (406) 444-2969.

VFC Hot Topics

The VFC Program's Monthly Hot Topics schedule is now available for July-December, 2014. The webinars will be held on the last Tuesday of the month at 12:00 p.m. and the last Thursday of the month at 8:00 a.m. VFC Hot Topics are related to VFC-specific topics, presented by Lori Hutchinson and Katie Grady-Selby, and are separate from the monthly imMTrax User Call.

To view the schedule, upcoming topics, and past presentations, please visit:

http://www.dphhs.mt.gov/publichealth/immunization/documents/2014HotTopicsschedule072014-122014.pdf

Register by July 11th!

The Montana Immunization Program
in conjunction with the Montana Public Health Summer Institute
is pleased to host

CDC's Epidemiology & Prevention of Vaccine-Preventable Diseases

July 14 - 16, 2014

CROWNE PLAZA BILLINGS

REGISTRATION INFORMATION

- COURSE FEE: $40
- Registration closes July 11, 2014
- To register, go to www.immunization.mt.gov, select the link for the course
- Space is limited so register early!

This live course provides a comprehensive review of immunization, vaccine-preventable diseases, and their respective vaccines. The course will provide the most up-to-date immunization information from the ACIP including:

- Principles of Vaccination
- General Recommendations on Immunization
- Vaccine recommendations for pertussis, *haemophilus influenzae* type b, influenza, measles, mumps, rubella, varicella, pneumococcal, polio, hepatitis B, hepatitis A, meningococcal, human papillomavirus, and zoster
- Vaccine safety
- Current issues

Click for Complete Flyer
Click for Registration

NURSE'S CORNER

Hepatitis B and Serologic Testing

Susan Reeser, RN, BSN, Nurse Consultant, Perinatal Hepatitis B Coordinator

The Immunization Program receives many calls regarding questions on hepatitis B serologic testing years after the last dose of hepatitis B vaccine. A new resource is available to help providers, public health nurses, and employers manage healthcare workers who did not receive post-vaccination testing after their hepatitis B vaccination series (i.e. those vaccinated as a child and now entering the healthcare field, new hires into healthcare facilities, dental offices, etc).

The Immunization Action Coalition (IAC) has released a new one-page handout/algorithm: "Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing" available at:

http://www.immunize.org/catg.d/p2108.pdf

This document is provided on the next page and was adapted from "CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management," (*MMWR* 2013; 62[RR-10], p. 13), the complete document is accessible at:

www.cdc.gov/mmwr/pdf/rr/rr6210.pdf

Other Resources

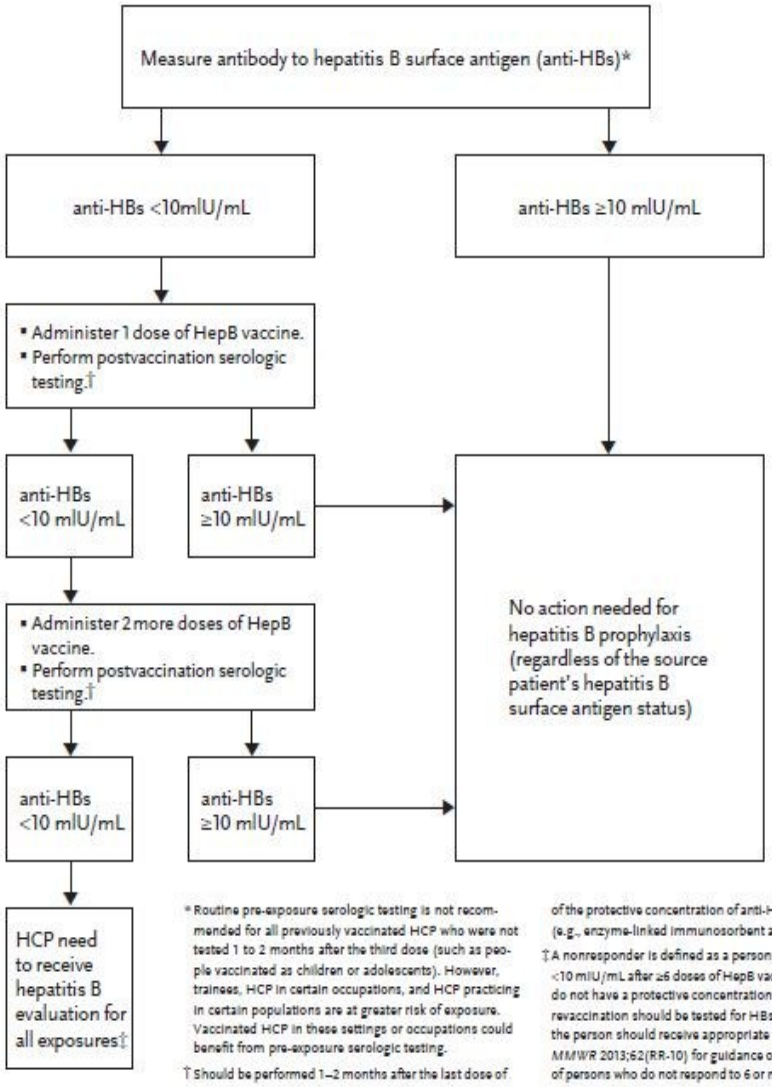
Hepatitis B and Healthcare Personnel FAQs

http://www.immunize.org/catg.d/p2109.pdf

Continues on Page 4

Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing

Healthcare personnel (HCP) with documentation of a complete ≥3-dose HepB vaccine series but no documentation of anti-HBs ≥10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. The algorithm below will assist in the management of these people. It was adapted from *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*, *MMWR* 2013; 62(RR-10), p.13, available at www.cdc.gov/mmwr/pdf/rr/rr6210.pdf.



* Routine pre-exposure serologic testing is not recommended for all previously vaccinated HCP who were not tested 1 to 2 months after the third dose (such as people vaccinated as children or adolescents). However, trainees, HCP in certain occupations, and HCP practicing in certain populations are at greater risk of exposure. Vaccinated HCP in these settings or occupations could benefit from pre-exposure serologic testing.

† Should be performed 1–2 months after the last dose of vaccine using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

‡ A nonresponder is defined as a person with anti-HBs <10 mIU/mL after ≥6 doses of HepB vaccine. Persons who do not have a protective concentration of anti-HBs after revaccination should be tested for HBsAg. If positive, the person should receive appropriate management. See *MMWR* 2013;62(RR-10) for guidance on management of persons who do not respond to 6 or more doses of hepatitis B vaccine.

immunization action coalition
IAC
immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2108.pdf • Item #P2108 (6/14)

http://www.immunize.org/catg.d/p2108.pdf

NURSE'S CORNER

VFC Vaccine Reminders and Updates

Lori Hutchinson, Vaccine Coordinator

Katie Grady-Selby, VFC Quality Specialist

July VFC Hot Topics

Please attend the **July VFC Hot Topic Tuesday, July 29 at 12:00 p.m. or Thursday, July 31 at 8:00 a.m**. We will be displaying **New VFC Features in imMTrax**. For information on how to join, please use this link: http://www.dphhs.mt.gov/publichealth/immunization/documents/2014HotTopicsschedule072014-122014.pdf.

Regional Presentations

We have posted the 2014 Regional PowerPoint presentations on our website at http://www.dphhs.mt.gov/publichealth/immunization/newsletters.shtml.

Process for Returning 2014 Expired Influenza Vaccine

We ask that you follow the steps on the Wasted and Expired Form to return all VFC influenza vaccine. This **does not include** your private stock. The steps are outlined below:

1. Complete the form based on the number of expired doses.

   Record any opened multi dose vials with reason number 10 and dispose of these according to your facility policy. All other expired seasonal influenza doses must be returned to McKesson so that we can receive credit.

2. Submit the completed form to the Immunization Program (instructions for submission are on the form).
3. Wait for the Immunization Program to send you a print screen via fax or e-mail.
4. Print the screen shot and place it in with the vaccine to be returned.
5. Wait for the return label that should arrive within 7-10 business days of receiving the print screen from the Immunization Program,

   Please make sure the items in the box match the print screen.

The Demystifying of a Common Vaccine Myth

The "More Vaccinated Than Unvaccinated People Get Sick" Myth

When there is an outbreak of a disease that is rare for an area, such as measles in the United States, unvaccinated people aren't the only ones at risk. Since no vaccination is 100% effective, some vaccinated people will get the disease as well. In an outbreak, the number of vaccinated individuals who get sick will often outnumber the unvaccinated people who get sick. This is not because vaccines are ineffective, but because there are so few people who avoid vaccination in the first place.

Look at the numbers for a hypothetical outbreak:

> A small town of 500 individuals has been exposed to an outbreak of a rare disease caused by an unvaccinated visitor from a foreign country. Of those 500 townspeople, 490 have been vaccinated, 10 have not. Let's assume that the vaccine is very effective and 98 of every 100 people who are vaccinated will develop immunity against the disease.
>
> When exposed to the outbreak, all 10 unvaccinated people get the disease. What about the 490 vaccinated individuals?
>
> Since 98 of every 100 people vaccinated develop immunity, about 10 people of the 490 vaccinated will get the disease, the same as the number of unvaccinated individuals. What we need to look at is the *percentage* of vaccinated and unvaccinated people who got sick. The 10 who had been vaccinated equal just 2% (10/490) of the vaccinated individuals in the population of 500. The 10 who *hadn't* been vaccinated equals 100% (10/10) of those who weren't vaccinated.
>
> **The final results of the outbreak look like this:**
>
> Population size: 500
>
> Vaccinated individuals: 490
>
> Unvaccinated individuals: 10
>
> Percentage of vaccinated individuals who fell ill: 2%
>
> Percentage of unvaccinated individuals who fell ill: 100%

The College of Physicians of Philadelphia

http://www.historyofvaccines.org/content/articles/misconceptions-about-vaccines

What is an Interface and Why Does It Take So Long to Develop?

Deb Belleau, Interoperability Coordinator

Simply put, an imMTrax immunization interface takes information entered into an electronic health record (EHR) system and sends select data elements to imMTrax. It sounds very simple but let's take a step back and think about the process from a more tangible level, concentrating on just the database aspect.

When a patient visits a doctor's office or hospital, medical notes are taken and stored into an electronic health record (EHR). The EHR holds the patient's health record and it can contain demographics, lab and test results, allergies, medical history, diagnoses, medications, immunization information, radiology images, etc. The record for a patient, even a single visit, is huge! Only pertinent information can be sent to authorized entities without any unnecessary information being disclosed. For example, imMTrax should receive immunization information but not the x-ray results of a patient.

The job of filtering and forwarding information securely is done by an interface. Every EHR vendor (and there are hundreds) creates their software differently so there is not a one-size-fits-all interface for all EHRs. This is why the responsibility of creating an interface resides with the EHR vendor or a third party contracted to work with the EHR vendor.

Likewise, most EHR vendors/interface builders are unable to produce a single interface solution for their product because most providers' offices request changes to the packaged EHR product. A little addition here, a tweak there, and a subtraction somewhere else makes it difficult to know exactly what information the EHR system truly has and where it is stored. Most systems have thousands, if not millions, of fields and trying to find a particular piece of information is the proverbial needle in a haystack. Different offices tend to use data uniquely too. For example, most EHRs have a *next-of-kin* type of field, while others may use it to enter insurance co-pay amounts instead.

Continues on Page 8

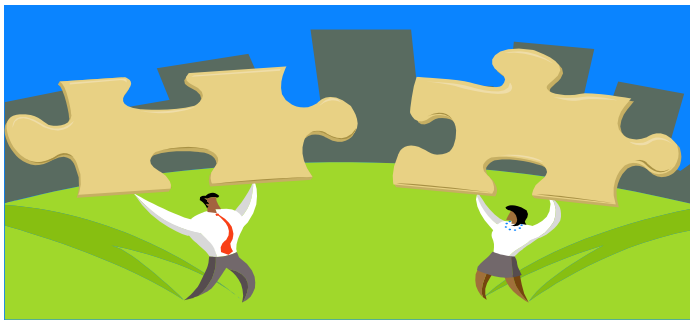
Continued, What is an Interface and Why Does It Take So Long to Develop?

Adding to the complexity for vendors, every state's immunization registry requires different information to be sent. Montana requires only half the fields as North Dakota. However, Montana does collect *consent-to-send-to-the-registry* while ND does not. The CDC recommends certain fields of information for an immunization interface, but many EHR vendors have not programmed their systems to collect the recommended fields. It seems like a simple fix would be to add the fields but, behind the scenes, many things need to be considered. It is also important to remember that immunizations are only a small portion of an EHR.

Data quality is an important aspect that tends to delay an interface from going live and is why so much testing takes place. During testing, data is entered into a test system so we can identify errors and hopefully patterns that can be corrected by a change in workflow. Maintaining data quality is important because data is viewed by providers throughout the state and has the potential to affect medical decisions.

Data quality is important to test until the message is right is for the sake of saving money for the provider. Often vendors charge for an interface and the project is given to a technical/ development team. Once an interface goes "live" the project is viewed as being completed. Following the adage of "doing it right the first time" truly has the potential of saving time and money.

There are many more aspects to creating an interface. This article is intended to give you a better understanding of why interfaces may take so long to develop without being overly technical. It might also help explain why it is so important to enter information correctly and consistently into your EHR.



Final Words

Any Changes?

Do you have a new email address? Has your name recently changed? Submit your imMTrax updates to mfunchess@mt.gov or call (406) 444-2969.

Have Something to Contribute?

Have an upcoming event you'd like highlighted? A recent program success story you'd like to share? Let us know!

Summer IZ Word Find

ADMINISTER
ANTIGEN
COMMUNITY
INFLUENZA
MEASLES
MUMPS
PREVENTION
RUBELLA
SCHEDULE
SCHOOL ENTRY
VACCINE
VARICELLA

Y	N	J	A	N	F	A	X	U	H	Y	A	X	R	N
P	B	Q	L	Z	L	I	Z	W	C	X	P	E	B	S
E	C	D	L	Z	X	T	L	N	Q	R	T	S	A	N
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C	J	G	I	C	J	X	E	N	O	E	L	C	E	F
Y	E	V	R	D	G	N	I	X	B	V	H	F	B	H
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M	C	X	F	B	T	M	V	V	A	C	C	I	N	E
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C	H	B	Y	J	Q	A	H	S	T	T	Y	E	B	P

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